

Often Overlooked Risk Factors of Suicide in the Transgender Population: A Case Report and Review

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Background

- Transgender people have a gender identity or gender expressions that differs from the sex that they were assigned at birth.¹
- An astonishing 56% of transgender individuals report a history of suicidal ideation in their lifetime, with 29% having attempted suicide, so it is vital to identify some unique risk factors that are particular to this patient population.²
- Though there are many personal challenges and risk factors that may contribute to suicidality, three objective risk factors that physicians should consider when attempting to gauge suicidality in a transgender patient is their respective race/ethnicity, educational attainment, and income.³

Case Presentation

HPI: 41-year-old transgender female (male to female) on hormone replacement therapy with a past medical history of gender dysphoria, PTSD, and unspecified depression presented to the inpatient unit voluntarily, due to not feeling safe outside of the hospital, with waxing and waning suicidal ideation and plan to hang herself with automotive bungee cords.

Psych Hx: Patient had no prior acute inpatient psychiatric hospitalizations or history of seeing an outpatient psychiatrist. Patient did endorse seeing a court mandated outpatient therapist. Patient denied any previous suicide attempts.

Social History: Patient was born and raised in Colombia and came to the United States at the age of 19. Her highest level of education is a high school degree, and she received a medical assistant certification. She reports living at her father's house with multiple elderly male roommates who drink alcohol both frequently and heavily. She is currently on probation for indecent exposure and has been incarcerated. She reports that while incarcerated she was sexually assaulted and was forced to exchange sexual favors for protection while she was incarcerated. She also has a legal history of DUI and disorderly conduct. Patient reports no tobacco, alcohol, or drug use.

Interventions

Hospital Course: At admission, the patient was started on Prazosin 1 mg for nightmares secondary to PTSD and was also started on Vistaril 50 mg as needed for anxiety. Over the next month, the patient was pharmacologically managed with proper escalation of Zoloft up to 100 mg to further help alleviate her PTSD and depression symptoms. She was discontinued of prazosin due to her being frequently hypotensive. She was also prescribed trazodone 100 mg to assist with sleep. Throughout her stay she had a waxing and waning nature to her suicidal ideations. When she was discharged, she was continued on her medication of trazodone 100 mg as well as Zoloft 100 mg and coordination for outpatient psychiatry.

Discussion

- A systematic review of 64 research projects addressing the universally high impaction of race/ethnicity, education, and income as risk factors of suicidality in the transgender population confirmed the following:³
 - First nations (indigenous peoples of Canada) reported the highest rate of lifetime suicide attempts, with Caucasians exhibiting lowest rates.
 - Higher attainment of education may be protective.
 - Lower incomes are associated with higher levels of suicidality.
- When even compared to the overall rate of suicide attempts in a lifetime within the transgender population, the patient discussed here is more at risk to have a suicide attempt in her lifetime due to her demographics.³
- There are unique circumstances that transgender people have which involve challenges such as family rejection, bigotry, internalized transphobia and being denied from proper bathroom and housing access; with this in mind, the transgender population have particular suicide risk factors that often go overlooked.⁴

Conclusions

- Suicidality in transgenders compared to the general population, is approximately 14 times higher with regards to lifetime suicidal ideation and 22 times higher lifetime suicide attempts.⁵
- Per literature, the most important risk factors that should be objectively assessed are the patient's race/ethnicity, level of education, and income to statistically gauge suicidal ideation/attempt in the patient.³
- With our patient was Hispanic, with the highest educational achievement being a high school degree, and though income was not assessed, it is presumed to be on the lower end of the socioeconomic spectrum due to her current living situation, so she was more at risk for suicidal thoughts and behaviors when compared to the average among all demographics within the transgender community.
- Future studies should assess the factors that are particular to the transgender community such as bigotry, internalized transphobia and family rejection as these are often not considered when assessing suicide risk.

1. Altilio, Terry; Otis-Green, Shirley (2011). *Oxford Textbook of Palliative Social Work*. Oxford University Press. p. 380. ISBN 978-0199838271. Archived from the original on December 1, 2016. Retrieved April 12, 2016. 'Transgender' is an umbrella term for people whose gender identity and/or gender expression differs from the sex they were assigned at birth (Gay and Lesbian Alliance Against Defamation [GLAAD], 2007).

2. Wiegjes, C M et al. "Trends in suicide death risk in transgender people: results from the Amsterdam Cohort of Gender Dysphoria study (1972-2017)." *Acta psychiatrica Scandinavica* vol. 141.6 (2020): 486-491. doi:10.1111/acps.13164

3. Adams, Noah J, and Ben Vincent. "Suicidal Thoughts and Behaviors Among Transgender Adults in Relation to Education, Ethnicity, and Income: A Systematic Review." *Transgender health* vol. 4.1 226-246. 16 Oct. 2019, doi:10.1089/trgh.2019.0009

4. I. Narang P, Sarai SK, Aldrin S, Lippmann S. Suicide Among Transgender and Gender-Nonconforming People. *Prim Care Companion CNS Disord*. 2018 Jun 21;20(3):18nr02273. doi: 10.4088/PCC.18nr02273. PMID: 29947478.

5. Adams N, Hitomi M, Moody C. Varied Reports of Adult Transgender Suicidality: Synthesizing and Describing the Peer-Reviewed and Gray Literature. *Transgend Health*. 2017;2(1):60-75. Published 2017 Apr 1. doi:10.1089/trgh.2016.0036